

STATE OF HAWAII

Accounting Manual

Volume II: Budgetary Control Accounting
Part 600: Disbursements

Page 639.01

SECTION 639: CLAIM FOR LOST TREASURY WARRANT, SAFORM C-47

1. Purpose. The purpose of the CLAIM FOR LOST TREASURY WARRANT, SAFORM C-47, is to notify the State that a Treasury Warrant issued to a payee is lost, stolen, or for some reason removed from the control of the payee, and that a claim is being presented for a duplicate warrant.
2. Prepared By. This form is initially prepared by the payee of the warrant in question; routed to the expending agency where "WARRANT IDENTIFICATION" is filled in; and then routed to DAGS where the section, "FOR COMPTROLLER USE ONLY" is filled in.
3. Frequency. This form is prepared as needed by payees of State Warrants for each warrant lost, stolen, or missing.
4. Distribution.
 - (a) Copy #1 - To department or agency to which addressed by the payee, and then routed to the Comptroller.
 - (b) Copy #2 - To department or agency to which addressed by the payee; then routed to the Comptroller; and finally returned to the department.
 - (c) Copy #3 - To department or agency to which addressed by the payee, and retained until Copy #2 is returned by the Comptroller.

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SECTION 639: CLAIM FOR LOST TREASURY WARRANT, SAFORM C-47

| ITEM NO. | DATA AND DATA INSTRUCTIONS |
|----------|---|
| ① | CLAIM FOR LOST TREASURY WARRANT - Title of form. |
| ② | _____ - Enter the name of the department or agency that vouchered the payment. (Department or Agency) |
| ③ | ___ Enter an "X" in the appropriate box. If "(Other)", give brief reason for presenting this claim. |
| ④ | Circumstances... - Enter a brief description of the circumstances relating to the loss, theft, etc. |
| ⑤ | The warrant... - Enter an "X" in either "(__was)" or "(__was not)". |
| ⑥ | _____ - Enter the facsimile of the endorsement made on the warrant. |
| ⑦ | FOR COMPTROLLER USE ONLY - Do not use; only authorized DAGS Accounting Division personnel will fill in this area. |
| ⑧ | _____ - The payee's signature or officer's signature, if applicable. (Signature of Payee, or Officer if applicable) |
| ⑨ | _____ - Enter the title of the payee, if applicable. (Title, if applicable) |
| ⑩ | _____ - Enter the telephone number of the payee. (Telephone No.) |
| ⑪ | ___/___/___ - Enter the month, day, and year in numerics. (Date) |
| ⑫ | WARRANT IDENTIFICATION - Filled in by the expending agency, based on information obtained from the SUMMARY WARRANT VOUCHER and related payment records. |
| ⑬ | PAYEE___ - Enter the payee's name as shown on the SUMMARY WARRANT VOUCHER. |
| ⑭ | Department Voucher No. - Enter the voucher number assigned by the department. |

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SECTION 639: CLAIM FOR LOST TREASURY WARRANT, SAFORM C-47

| ITEM NO. | DATA AND DATA INSTRUCTIONS |
|-------------|---|
| (15) | Warrant Amount \$ - Enter the amount of the warrant for which claim is being made. |
| (16) | Comptroller Voucher No. - Enter the voucher number assigned by the Comptroller. |
| (17) | Warrant Date - Enter the date of the warrant. |
| (18) | Payroll No. & Warrant Distribution Code - Enter only if it is a payroll warrant. Enter the payroll number and warrant distribution code. |
| (19) | <p>Warrant Number - Enter the alpha code above "(F)" that identifies the warrant fund series from which the warrant was issued. Examples are:</p> <p>W - General Fund (2nd Series) or Welfare Warrant.</p> <p>P - Payroll Clearance Fund Warrant.</p> <p>E - Employment Security Administration Fund Warrant.</p> |
| (20) | Warrant Number - Enter the six or seven (Unemployment Compensation Fund Warrant only) digit number as preprinted on the top right or left corner of the warrant. |

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SECTION 639: CLAIM FOR LOST TREASURY WARRANT, SAFORM C-47

| STATE OF HAWAII DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES ACCOUNTING DIVISION | |
|--|--|
| 1 CLAIM FOR LOST TREASURY WARRANT | |
| TO: Fiscal Office/Personnel Office | |
| 2 (Department or Agency) | |
| Claim is hereby made for a duplicate warrant to replace the warrant identified below, which was received but subsequently: | |
| <input type="checkbox"/> Lost | |
| 3 | <input type="checkbox"/> Stolen. |
| | <input type="checkbox"/> (Other) _____ |
| 4 | Circumstances relating to the loss (or theft, etc.) are as follows: _____ _____ _____ |
| 5 | The warrant () was () was not) endorsed. If the warrant was endorsed, a facsimile of the endorsement as made on the warrant is shown in the space provided here: 6 _____ If it is determined that the warrant has been received and paid by the State Treasury, please forward a photocopy of the cashed warrant (front and back), through the expending agency, for endorsement verification. If it is determined that the warrant is still outstanding, please stop payment on the warrant, issue a duplicate warrant, and forward the duplicate warrant through the expending agency. (It is understood that a duplicate warrant may not be issued if the payee has properly endorsed the warrant without restriction.) A BOND FOR LOST WARRANT, if required, is attached to this claim. |
| 7 FOR COMPTROLLER USE ONLY | |
| Action Taken on Above Request: | |
| <input type="checkbox"/> 1. Photocopy sent. | |
| <input type="checkbox"/> 2. STOP PAYMENT/issued duplicate. | |
| <input type="checkbox"/> 3. (Other) _____ | |
| _____ (Initials) / / (Date) | |
| 8 | _____ (Signature of Payee, or Officer if applicable) |
| 9 | _____ (Title, if applicable) |
| 10 | 11 (Telephone No.) / / (Date) |
| 12 WARRANT IDENTIFICATION | |
| INSTRUCTION: Payee name must be <u>exactly</u> as shown on SUMMARY WARRANT VOUCHER: | |
| Payee 13 _____ | |
| Department Voucher No. 14 _____ | Warrant Amount \$ 15 _____ |
| Comptroller Voucher No. 16 _____ | Warrant Date 17 _____ |
| Payroll No. & Warrant Distribution Code 18 _____ (if applicable) | Warrant Number ... 19 20 (F) (Number) |

STATE ACCOUNTING FORM C-47
JULY 1, 1979

July 1, 1979